

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44950
STATE FILE NUMBER

FILED DEC 30 1957

Registration District No.

13-177

Primary Registration District No.

5058

Registrar's No.

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Monett		c. CITY OR TOWN Monett	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 Mi. N.E. Monett		Length of stay in lb 74 yrs.	
d. STREET ADDRESS 4 Mi. N.E. Monett		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Clarence Middle Edward Last Anderson		4. DATE OF DEATH Month Dec. Day 11 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 5, 1883
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 10 Days 6	
IF UNDER 24 HRS. Hours 6 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Lawrence County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Pate Anderson		13b. MOTHER'S MAIDEN NAME America Bandy	
14. NAME OF HUSBAND OR WIFE Florence Ethel Anderson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Wife,		Address Monett, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Mitral stenosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 410X		INTERVAL BETWEEN ONSET AND DEATH 24 hours	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
21. I attended the deceased from 6/20/57 to 12/11/57 and last saw him alive on 12/9/57 Death occurred at 2:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Charles Moore (Degree or title) DO		22b. ADDRESS Pease City Mo.	
22c. DATE SIGNED 12-14-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 14, 1957	
23c. NAME OF CEMETERY OR CREMATORY IOOF		23d. LOCATION (City, town, or county) (State) Monett, Missouri	
24. FUNERAL DIRECTOR J. D. Buchanan		ADDRESS Monett, Mo.	
25. DATE RECD. BY LOCAL REG. 12-21-57		26. REGISTRAR'S SIGNATURE Mrs. P. M. Cook	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1257-229

DATE REC. 12-23-57

VS JAN 5 1960

MS JUN 8 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.